Heathcotes Care Limited

Heathcotes (Blythe Bridge)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 22 October 2015 and was unannounced. Our last inspection took place on 9 November 2013 and at that time we found that the provider was meeting the regulations that we inspected against.

Heathcotes (Blythe Bridge) is registered to provide care and accommodation for up to eight people. People who use the service have a learning disability. At the time of our inspection, eight people were using the service.

The person named on our register as the manager of the service was not the manager. The current manager of the service was not registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff knew how to recognise and report abuse. Concerns were reported and investigated when required. People's risks were assessed and managed individually to promote their safety and wellbeing.

Summary of findings

There were enough staff to safely meet people's needs. The manager and provider were in the process of recruiting more suitable staff to increase the level of personalised support provided.

People received their medicines when they needed them and there were systems in place to ensure that medicines were stored, managed and administered safely.

People were supported and encouraged to make decisions about their care. When they were unable to do this, staff had the knowledge to ensure that decisions were made in line with current legislation and guidance.

Staff were trained and supported to give them the skills to support people effectively. People had enough to eat and drink and were offered choice and flexibility about their food and drinks. They were encouraged to stay healthy and had access to health professionals when they needed them.

People were treated with kindness and compassion by staff who knew them well. People's privacy was respected and they were encouraged to be independent and participate in the running of the home and the local community.

People received care that met their preferences and they were enabled to follow their interests. People's strengths and goals were recorded in their care plans and staff were aware of these and supported them to achieve what was set out.

People were encouraged to give their feedback about the service and action was taken when needed. There was an accessible easy read complaints procedure available and we saw that complaints were managed in line with the provider's procedures.

There was a friendly and supportive atmosphere at the home and staff enjoyed working there. Staff felt supported by the manager and were involved in developing the service.

The manager and provider completed quality checks and acted upon any issues identified. We saw that an improvements plan was being worked upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe and staff knew how to protect them from avoidable harm and abuse. There were enough staff to meet people's needs and the manager was recruiting more staff to increase the level of personalised care provided. People got their medicines when they needed them and risks were assessed and monitored to keep people safe.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and staff understood how to support them in line with current legislation. Staff had the knowledge and skills to be able to support people effectively. People were supported to eat and drink enough to maintain a balanced diet and were supported to stay healthy and see health professionals if they needed to.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were given choice and control and their privacy was respected. Independence was encouraged and promoted by staff who were caring in their approach.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in developing their care plans to ensure they met people's preferences and needs. People were given opportunities and felt comfortable to share their experiences with the manager and a suitable complaints procedure was followed when required.

Good

Is the service well-led?
The service was not consistently well-led.

There was a manager in place but they were not registered with us, which is a condition of registration. People and staff felt the manager was approachable. Quality checks were completed and actions were taken to make improvements when required.

Requires improvement

Heathcotes (Blythe Bridge)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed information we held about the service and the provider. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. This information was used to form our inspection plan.

We spoke with three people who used the service and two relatives. Because not everyone who used the service was able to talk to us, we spent time observing how staff offered care and interacted with people who used the service. We spoke with four members of staff, the manager and the head of services.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, four staff recruitment files, staff rosters and other documents to help us to see how care was being delivered, monitored and maintained.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes I’m safe here.” We saw that easy read information about safeguarding adults was displayed in the home. Staff had a very good understanding of safeguarding adult’s procedures and were able to demonstrate that they understood the types of abuse that could occur and how to recognise these. One staff member said, “I know people well here, there could be physical signs of abuse or a change in behaviour, I’d recognise this and report to the team leader.” We saw that local safeguarding procedures had been followed when required and that suspected abuse was reported to the local authority and investigated when needed.

People’s risks were assessed and planned for to protect their safety and wellbeing. People had individual risk assessments that were specific to them and were detailed enough to help staff understand how to manage risks. For example, one person was identified as being at risk of social isolation, their assessment promoted their independence and they and their relatives had been involved with the assessment. Staff demonstrated that they understood and followed the plan by encouraging the person to take small steps towards increasing their access to the community.

Some people presented with behaviours that challenged the staff and others. Staff told us they had received training on how to manage people’s behaviours and they described how they applied this training. One staff member said, “I re-direct as quickly as I can, think of something the person likes to talk about. Nine times out of ten there’s an alternative to restraint.” We saw that people had plans in place specific to their needs to help support them in the least restrictive way. When all other intervention was unsuccessful and physical intervention was required to keep people safe, we saw this was documented and reviewed by the manager to make sure it was safe and appropriate. Staff told us and we saw in people’s plans that restriction was used as a final option to keep people safe and this was not used excessively.

There were enough staff on duty to keep people safe. The manager told us how they worked out the numbers of staff required to deliver a high level of personalised care. Staff rotas showed that this number of staff were not always present and the planned care for the next four weeks did not show that agreed level of staffing. Despite this, we saw and people told us that the current level of staffing was sufficient to keep them safe. One person said, “I’m happy here. Staff are here for me.” We saw that people’s needs were met and that they regularly accessed the community.

The manager and provider were in the process of recruiting more suitable staff in order to provide an increased level of personalised care. We saw and staff told us that safe recruitment practices were followed. This included requesting and checking references for staff to ensure they were suitable to work at the service.

Medicines were managed safely so that people received them when they needed them. One person said, “I have my medication when I need it.” We saw that one person requested pain relief for a headache and was given this by trained staff who followed the procedure for administering as and when required medication to ensure it was given safely and consistently. Systems were in place to ensure that medication was stored, managed and administered safely and we saw that these were effective.

Good

Is the service effective?

Our findings

People were encouraged to make their own decisions. We observed that people were asked for consent to care and support and were asked how they wanted to spend their time. We saw that pictorial information was used to help one person understand why they needed to see a medical professional. Formal mental capacity assessments were completed by the manager when required, which were decision specific and followed the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff demonstrated that they understood the requirements of the act. We saw records that showed that decisions were made in people's best interests when they were unable to make informed decisions themselves. The relevant people were involved to ensure the person's human and legal rights were respected.

Seven people had restrictions on their freedom and we saw they were encouraged to have as much choice and control as they were able to. People were supported to attend college and participate in the community so measures in place to protect them were as least restrictive as possible. The Deprivation of Liberty Safeguards (DoLS) are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. We saw that the service had followed the requirements of the DoLS and that applications had been submitted to the relevant authority when required to ensure that people were not unlawfully restricted.

Staff told us and records showed they had completed training to help equip them with the skills and knowledge to support people effectively. One staff member told us they completed a through induction which included formal training, shadowing more experienced staff members and reading people's care plans to enable them to support people effectively. Staff were able to demonstrate how training had helped them to better support the people who used the service. One staff member described how they used the techniques they had learned to effectively support a person who was upset.

Staff confirmed that they have regular supervision with senior staff or the manager to discuss their development needs and share ideas. Staff said they welcomed this opportunity and felt it was useful. One staff member said, "We have mandatory supervision but the manager says we can have extra supervision if we want to."

People told us and we saw that they were offered choices of food and drinks that met their preferences. One person said, "I would like noodles for my lunch today and I'll make it myself." We saw that they were supported to choose and make their lunch at a time they wanted it. Another person said, "I like the food." People were involved in planning their meals and we saw that people were encouraged to be involved in cooking. One person said, "I help myself to snacks whenever I want." People had access to snacks and drinks throughout the day. We saw that one person said they were hungry and staff showed them some options to choose from. They were encouraged to choose healthy options by having a range of fruit on display in the kitchen which was freely accessed by people who used the service.

We saw and people told us that they were supported to stay healthy. One person asked staff to help them make an appointment at the dentist and we saw that staff did this. Care records showed that people had health actions in place and they were encouraged to be involved in their healthcare. We saw that one person who had epilepsy had been supported to look at easy read information about their condition to help them understand and be involved in the management of their epilepsy. Plans had been developed alongside a specialist epilepsy nurse and we saw that records had been kept in line with the guidance provided by the nurse.

Good

Is the service caring?

Our findings

We saw and people and told us that they were treated with kindness and compassion. One person said, “They’re very kind to me.” A relative said, “”Staff are very, very good; [Person who used the service] has a laugh with them all, they are all very friendly.” We saw that staff spoke to people in a way they could understand about things they liked. We observed that people chatted with ease to staff and they looked relaxed.

People were supported to maintain relationships that mattered to them. One person said, “Staff help me to see my family.” A relative said, “[Person who used the service] comes home to visit every week. Staff bring them whenever they want to come.” Another relative said, “We can visit any time and we’re always made to feel welcome.” We saw that staff supported people to maintain friendships by helping them to visit their friends. People were able to use the telephone freely to contact their friends and relatives and we saw that people did this. People had access to a computer and could talk to friends and relatives online.

We saw that staff offered choice and control to people who used the service. One person said, “Of course I can choose” when talking about how they spend their time. We saw that people chose when to get up and when to have their breakfast and they accessed all areas of the home freely. One person said, “I’ve had a lie in. I like my bed and being in my bedroom. I can help myself to some breakfast when I’m ready.”

Staff knew and responded to people’s preferences and spoke about each person who used the service’s history and needs. Relatives felt confident that staff supported people in a meaningful way. One relative said, “The staff do all they can to help when [Person who used the service] is upset. If they need to talk, they know staff are there for them. Staff offer to listen or even take them to see the family.” One person was being supported by the manager to access an advocacy service to ensure their views were heard.

People told us and we saw that their privacy was respected. Some people required close support from staff to keep them safe. However, staff told us that sometimes people liked to spend some time alone in their rooms. One staff member said, “People can have privacy. [Person who used the service] likes to have time in their room with the door shut and they do that.” We saw that this person was able to go to their room whenever they chose and that when they asked staff if they could be alone, staff respected this whilst ensuring they were safe.

People were encouraged to be independent and take part in the running of the home. One person said, “I do the laundry, I like doing that.” We saw another person was asked if they would go to the post office whilst they were out and they took pride in being involved in the service. Staff told us that people were encouraged to take part. One staff member described how one person’s care plan said they should be encouraged to wash their dishes after their meal. The staff member noticed that the person didn’t enjoy this and would often become upset. Staff spoke with the person and found that they preferred to wipe the tables. The staff member said, “They’re still taking part and they enjoy doing that. We want people to be happy and be as independent as they can be.”

Good

Is the service responsive?

Our findings

People's preferences were clearly recorded and staff knew how to provide personalised care to each person. One person said, "They know me." Staff told us and we saw that they asked people's preferences and provided support accordingly. For example, one person had asked to be supported in a particular way when they were upset. Staff were aware of this and told us what they would do to support this person and this matched what was written in their care plan.

Each person who used the service had a detailed plan of care that was individual to them. Some people told us and we saw that they were involved in creating their plans and their views were recorded throughout. One person showed us where their plan was kept and showed us what was kept in it. Relatives contributed to people's plan when people were unable to be involved themselves. One relative said, "The plans are very thorough and they meet [Person who used the service]'s needs." People were involved in reviews of their plans with the manager. Some people chose not to be formally involved and asked that their relatives were involved instead and we saw that this was respected by manager.

People were supported to follow their interests and access the community. One person said, "I'm going to the pub later." Staff told us this person liked to go to the pub in the evenings and that they were supported to do this. We saw that one person asked for support to go to the shops and buy some lunch and they were supported to do this. People told us they went on holiday each year, supported by staff. One person showed us photographs of their holidays which were displayed around the home and they told us they looked forward to and enjoyed them.

People's goals and aspirations were recorded in their care plans and staff were aware of these. One person expressed that they would like to attend a college course and we saw that a suitable course was identified by staff alongside the person and we saw that staff supported them to attend. One person had a voluntary job but they chose to stop attending. We saw that some people required encouragement to access the community. One person said, "I like working in the garden with the handyman." We saw that they were encouraged and supported to do this and the person was proud to show us what they had achieved.

People told us they had residents meetings and we saw these were advertised in the home. These took place weekly, however the people who used the service felt this was too often and the frequency had been reduced by the manager in response to their feedback. People were encouraged at the meetings to give their views about the home and what they would like to do. It was recorded in the minutes of the meeting that people had requested a trip to the circus and a trip to Blackpool. We saw that these trips had been arranged in the following weeks so the service had responded to ensure people received support to meet their preferences.

People and relatives told us they knew how to complain if they needed to. One relative said, "I've got no complaints but I would complain to the manager if I needed to." People said they would go to the manager if they were unhappy and they pointed out who the manger was. Another relative told us they receive surveys which ask for their feedback. They added, "They respond very well to feedback and are very approachable." There was an accessible easy read complaints procedure in place and details of this were displayed clearly in the service. We saw that one person who used the service had made a complaint to a member of staff. The staff member and registered manager had followed the provider's complaints procedure and the complaint was investigated and dealt with appropriately. The person was happy with the outcome of their complaint.

Requires improvement

Is the service well-led?

Our findings

The service had a manager who had been in post since March 2014 but we had not received their application to register with us. The person registered with us to manage the service was no longer working for the provider. The provider is required to have a registered manager for this location as a condition of their registration with us, so all conditions of registration were not being met.

People told us they knew who the manager was and we saw that people who used the service spent time talking with the manager in their office and in communal areas. One person said, "The manager is nice." Relatives told us the manager was approachable. One relative said, "We speak on the phone or by email. They phone me if there are any problems but I know I can go in and talk to them whenever I want to." Open communication with people who used the service and their relatives was encouraged.

There was a friendly and homely atmosphere. One person said, "I like it here." Staff told us and we saw they were happy in their work and understood their role in supporting people. One staff member said, "This is the best job I've ever had. I like how we can get out and about with the people who live here and we all have a nice time." Another staff member said, "I love being here and spending time with the people who live here. I even do extra shifts I love it that much."

Staff felt supported by the manager and felt involved in the development of the service. Staff told us the manager was supportive of their ideas and described how their suggestions had helped to improve the service that people receive. Staff told us and records showed that they had regular staff meetings where they were able to discuss the needs of the service and share their thoughts. One staff member said, ""You can bring your own ideas, any suggestions or improvements for the home."

The manager completed regular quality checks and analysed any incidents. We saw that these were effective and action was taken to make improvements when required. Behavioural incidents were analysed by the manager and findings were shared with the provider's specialist behaviour team. The team provided advice and support to the manager and facilitated additional training for staff if required. Any findings were communicated to staff at meetings and during handovers and we saw that people's care plans were updated and shared with staff following the manager's analysis. The manager sent us notifications of significant events that are required by law.

The provider visited the service once per month to complete quality checks. These included environmental checks, training and staffing audits. They worked with the manager to develop a plan for continuous improvement. We saw that checks had identified the need for new carpets and additional staffing and we saw records to show that staff recruitment was in progress and carpets had been ordered. The quality assurance systems were effective to identity issues and work towards improvements.